



State of Rhode Island  
**Department of State - Business Services Division**



**Registration of Limited Liability Partnership**

DOMESTIC Limited Liability Partnership

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2022 SEP 23 P 2:50

→ Filing Fee: \$150.00

The undersigned, desiring to form, a new limited liability partnership under and by virtue of the powers conferred by RIGL 7-12-56, do execute the following Registration of Limited Liability Partnership:



1. The name of the limited liability partnership is:		
H&B DRYWALL CONSTRUCTION LLP		
2. The address of the principal office is:		
Street Address 62 VALLEY ST APT 2		
City/Town CENTRAL FALLS	State RI	Zip Code 02863
3. If the partnership's principal office is not located in Rhode Island, the name and address of the initial registered agent/ office in Rhode Island is:		
Agent Name		
Street Address (NOT a P.O. Box)		
City/Town	State RHODE ISLAND	Zip Code
4. The name and address of all resident partners is:		
NAME	ADDRESS	
ORESTES HERNANDEZ TORRES	62 VALLEY ST #2 CENTRAL FALLS RI 02863	
OSCAR BENITEZ	62 VALLEY ST #1 CENTRAL FALLS RI 02863	
Check this box to indicate an attachment <input type="checkbox"/>		

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

2:50

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BY ORESTES

5. List the place where the business records of the partnership are maintained; or, if more than one location for business records is maintained, list the principal place of business of the partnership:

Street Address  
62 VALLEY ST #2

City/Town CENTRAL FAALS	State RI	Zip Code 02863
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6. A brief statement of the business in which the partnership is engaged in:  
  
TO ENGAGE IN THE DRYWALL, WALLBOARD INSTALLATION SEGMENT OF THE CONSTRUCTION

7. This application has been executed by a majority in interest of the partners or by one (1) or more partners authorized to execute an application.

*Under penalty of perjury, I/we declare and affirm that I/we have examined this Certificate of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Partner: ORESTES HENANDEZ	Date 09/23/2022
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Signature of Resident Partner  


Type or Print Name of Partner: OSCAR BENITEZ	Date 09/23/2022
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Signature of Resident Partner  


Type or Print Name of Partner	Date
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Signature of Resident Partner



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
office on this day:

September 23, 2022 02:50 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

